

APPENDIX C

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA															REQUIREMENT CONTROL SYMBOL CSOCS-308														
1. TIME & DATE OF ACCIDENT		a. Yr 98		b. Mth 11		c. Day 21		d. Time 10:00		2. PERIOD OF DAY		<input checked="" type="checkbox"/> Day		<input type="checkbox"/> Night		3. ACDT CLASS C		4. ACDT OCCURRED DURING:		<input type="checkbox"/> Combat		<input checked="" type="checkbox"/> Non-Combat							
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) WAH00				b. Name of Unit HHC 3-504th AVN Bn						c. Unit's Branch AV				d. MACOM FORSCOM													
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site) Access drive to the rear of Fire Station No. 1.																		b. Type Location E7									
c. State/Country KY/USA		d. <input type="checkbox"/>		Off Post		<input checked="" type="checkbox"/> On Post Name: Fort Cartright										7. EXPLOSIVES/AMMO		a. Present		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		b. Involved		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
8. MISSION		a. Briefly describe the mission Deliver unserviceable fire extinguishers to Fire Station No. 1.																		b. METL Task?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No					
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED															Materiel Failure/Malfunction Information														
a. Type of Item (Nomenclature)		b. Model #		c. Ownership		d. Estimated Cost of Damage		e. Vehicle Collision		f. Failure Mode		g. Part Nomenclature		h. Part #		i. Part NSN		j. Part Manufacturer Code		k. EIR/QDR Submitted									
#1 M35A2		A-31		DA		900.00		3												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
#2 1998 Chevrolet		Sedan		POV		1,500.00		Parked												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b explain how the root cause(s) led to the materiel failure/malfunction.)															b. Describe how the materiel failed/malfunctioned and explain why (root cause)														
a.		LEADER (Not ready, willing to enforce standards)				STDS/PROCEDURES (Not clear, Not practical)				SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)																			
		Direct Supervision				AR		SOP		Equip/Materiel improperly designed				Inadequate Manufacture															
		Unit Command Supervision				TM		Other		Equip/Materiel not provided				Inadequate Maintenance															
		Higher Command Supervision				FM		None exists		Inadequate Facilities/Services				Other															
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.) Knots, Charles L.								12. SOCIAL SECURITY # 012-34-5678				13. PERSONNEL CLASSIFICATION				14. MOS		15. DUTY STATUS		<input checked="" type="checkbox"/> On-duty		<input type="checkbox"/> Off-duty							
												16. AGE 19		17. SEX M		18. PAY GRADE E-4		19. FLIGHT STATUS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
								20. MOST SEVERE INJURY (See instructions)				a. Degree D		b. Type K		c. Body Part B		d. Cause A											
21. DAYS HOSPITALIZED 1		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.																											
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK																									
a. Lost 0		P		Soldier was backing the M35A2, 2 1/2 ton truck (A-31) in the access drive to the rear of Fire Station No. 1.																									
b. Restricted 5																													
25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unk		27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a)															
a. Required		b. Type of equip		c. Available		d. Used		28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY		30. HRS SLEEP		31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY		33. LAST TRAINING		34. FIELD TRAINING EXERCISE		35. NIGHT VISION SYSTEM USED							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		#1 A #2		#1 No #2 No		#1 N #2 N		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3		8		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12m		<input type="checkbox"/> Yes If Yes, provide name: <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes If Yes, provide name: <input checked="" type="checkbox"/> No									
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																													
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident																											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PFC Knots failed to ensure the rear of the M35A2 vehicle was clear and did not use a proper ground guide when backing.																											
b. Code		The driver also failed to wear his seat belt which resulted in the indicated injury.																											
47, 04																													

SAMPLE

